

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 5  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00488742       </div>		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>National Association of REALTORS</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">400.00</div>		
City State Zip Code Chicago IL 60611-4011		<b>Transaction ID : EB7A68B1CAEAF4D6CB9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>			
Purpose of Expenditure Consulting Services		Category/Type		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>	
Name of Federal Candidate Sen. Mitch McConnell			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: KY		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>National Association of REALTORS</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>		
City State Zip Code Chicago IL 60611-4011		<b>Transaction ID : EF0374DEF06846248F5</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>			
Purpose of Expenditure Consulting Services		Category/Type		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>	
Name of Federal Candidate Sen. Mitch McConnell			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: KY		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶   <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶   <b>(c) TOTAL</b> Independent Expenditures.....▶         </div> <div style="border: 1px solid black; padding: 5px; width: 250px;">           900.00         </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Michael McGrew</u>			Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div>		

[Electronically Filed]